

# Registration for Michigan Taxes

2. Complete Company Name or Owner's Full Name (include, if applicable, Corp., Inc., P.C., L.C., L.L.C., L.L.P., etc.)

3. Business Name, Assumed Name or DBA (as registered with the county)

## Legal Address

4A. This address is for all legal contacts. Enter number and street (no P.O. boxes).

Business Telephone

City, State, ZIP

County

## Mailing Address

4B. This address is where all tax forms will be sent unless otherwise instructed.

If this address is for an accountant, bookkeeper or other representative, attach a Power of Attorney.

City, State, ZIP

## Physical Address

4C. This address is the actual Michigan location of the business. Enter number and street (cannot be a P.O. box number).

City, State, ZIP

County

5. Type of Business Ownership (check one only)

☐ (1) Individual (Sole Proprietorship)

☐ (4) Michigan Corporation

☐ (6) Trust or Estate (Fiduciary)

☐ (2) Husband/Wife

☐ (1) Subchapter S

☐ (7) Joint Stock Club or Investment Co.

☐ (3) Partnership

☐ (2) Professional

☐ (8) Social Club or Fraternal Org.

☐ (3) Registered Partnership, Agreement Date: \_\_\_\_\_

☐ (9) Other (Explain)

☐ (3) Limited Partnership - Identify all general partners below.

☐ (5) Non-Mich. Corporation

☐ (34) Limited Liability Co. or Partnership

☐ (1) Subchapter S

☐ Domestic (Mich)

Date of Incorporation  
Mo. Day Year

State of Incorporation

Michigan Department of Consumer & Industry Services Identification No.

☐ Professional

☐ Foreign (Non-Mich)

6. Which taxes do you expect to owe? What date will that liability begin? How much of each tax do you estimate you will owe each month?

☐ Sales Tax

Mo. Day Year

☐ Up to \$65

☐ Up to \$300

☐ Over \$300

☐ Use Tax

Mo. Day Year

☐ Up to \$65

☐ Up to \$300

☐ Over \$300

☐ Income Tax Withholding

Mo. Day Year

☐ Up to \$65

☐ Up to \$300

☐ Over \$300

How many people will you employ who are subject to Michigan withholding? \_\_\_\_\_

If your withholding taxes are paid by a payroll service, enter the name and address: \_\_\_\_\_

☐ Single Business Tax

Mo. Day Year

☐ UA Unemployment Tax

**Attach Schedules A and B (if successor). Enclose a copy of your Articles of Incorporation or Organization.**

☐ Motor Fuel Tax and/or Tobacco Products Tax - Treasury will review your Registration and send any necessary tax application forms. **Motor Fuel Tax and/or Tobacco Products, please see page 2.**

7. Estimated annual Michigan gross receipts?

☐ Up to \$250,000

☐ Over \$350,000

**GROSS RECEIPTS** are from (a) sales of inventory items, (b) rental or leases, (c) performance of services, interest, royalties, etc., to the extent they are derived from business activity.

Complete all information for each owner, partner, member or corporate officer. Attach a separate list if necessary.

8A. Name (Last, First, Middle, Jr./Sr./III)

Social Security Number

Title

Date of Birth

Residence Address (Number, Street)

Driver License/Michigan Identification

City, State, ZIP

Home Telephone

8B. Name (Last, First, Middle, Jr./Sr./III)

Social Security Number

Title

Date of Birth

Residence Address (Number, Street)

Driver License/Michigan Identification

City, State, ZIP

Home Telephone

**Multiple Locations****Seasonal Business****Fiscal Year**

9. How many business locations will you operate in Michigan? <b>If more than one, attach a list of names and addresses.</b>	
10. Month Business Opens	Month Business Closes
11. Do you close your tax books on Dec. 31? If no, give month of closing.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

12A. Describe your business activity.																																											
12B. What retail products, if any, do you sell (sold to final consumer)?	12C. What wholesale products, if any, do you sell?																																										
12D. Do you have employees entering Michigan or representatives acting as your agent in Michigan to solicit orders, describe products or provide service? <input type="checkbox"/> Yes <input type="checkbox"/> No																																											
13A. What is the reason for this application? <input type="checkbox"/> Started a new business <input type="checkbox"/> Incorporated an existing business <input type="checkbox"/> Purchased an existing business. Complete item 14 below. <input type="checkbox"/> Other (explain):	13B. List any previous account numbers																																										
14A. If you purchased or acquired a business, what assets did you acquire? Check the boxes that apply and complete <b>UA Schedule B</b> . <input type="checkbox"/> Land <input type="checkbox"/> Building <input type="checkbox"/> Furniture & Fixtures <input type="checkbox"/> Equipment <input type="checkbox"/> Inventory <input type="checkbox"/> Goodwill																																											
14B. Name of previous owner(s) or corporation	14C. Previous Owner's Account Number (if known)																																										
14D. Will the previous owner continue to make retail sales or have employees in Mich.? <input type="checkbox"/> Yes <input type="checkbox"/> No	14E. What was your total purchase price?																																										
15A. Gasoline Stations: Name of Distributor	15B. Brand																																										
15C. Address of Distributor (No., Street, City, State, ZIP)																																											
<table border="0"> <tr> <td colspan="2"><b>16. Motor Fuel and Tobacco Tax Information</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Yes</td> <td>No</td> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Will you sell gasoline or diesel fuel for exempt purposes?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Will you sell tobacco products for resale?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Will you sell diesel fuel from bulk storage into highway vehicles?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Will you operate a tobacco products vending machine?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Will you operate a terminal or refinery?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>If yes, do you supply tobacco products for the machine?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Do you own a diesel-powered vehicle with 3 or more axles or 2 axles and gross vehicle wt., over 26,000 lbs.?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>If no, provide the supplier's name:</td> <td></td> <td></td> </tr> <tr> <td>Will you transport fuel across Michigan's borders?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table>		<b>16. Motor Fuel and Tobacco Tax Information</b>							Yes	No		Yes	No	Will you sell gasoline or diesel fuel for exempt purposes?	<input type="checkbox"/>	<input type="checkbox"/>	Will you sell tobacco products for resale?	<input type="checkbox"/>	<input type="checkbox"/>	Will you sell diesel fuel from bulk storage into highway vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	Will you operate a tobacco products vending machine?	<input type="checkbox"/>	<input type="checkbox"/>	Will you operate a terminal or refinery?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, do you supply tobacco products for the machine?	<input type="checkbox"/>	<input type="checkbox"/>	Do you own a diesel-powered vehicle with 3 or more axles or 2 axles and gross vehicle wt., over 26,000 lbs.?	<input type="checkbox"/>	<input type="checkbox"/>	If no, provide the supplier's name:			Will you transport fuel across Michigan's borders?	<input type="checkbox"/>	<input type="checkbox"/>			
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**SIGNATURE OF OWNERS.** This registration must be signed by the owner(s), two partners, two corporate officers, member(s) of a limited liability company or their authorized representative. Applications without signatures will be returned.

*I declare, under penalty of perjury, that I have examined this registration and its attachments and they are true and complete to the best of my knowledge.*

Type or print name of owner or officer responsible for filing returns and making tax payments.	Title	
Signature	Phone	Date
Type or print name of second owner; partner; officer or member	Title	
Signature	Phone	Date
Preparer's name and address if different from above.	Phone	Date